Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

20402-00625-U-51

:		CLAIMS AS	FILED -	PART	1		S	MALL EN	TITY		OTHER	THAN
		:	(Column	1)	(Colur	nn 2)		YPE		OR	SMALL	341 Carrier 4
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NŮMBER EXTRA		B	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE, CLAIMS			13 minus 20=		\mathcal{O}			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	∀ minus 3 = * /		* /			X42=		OR	X84= ¹	89	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=			+280=	6/
* f	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2						OR	A Marin	R34
CLAIMS AS AMENDED - PART II								TOTAL	in de la companya di santa di Nama di santa di san	OR	TOTAL:	/04
		(Column 1)	그렇게 하는 사람들이 그렇게 됐다면 되었다. 그런 사람들이 없는 것이 없다면 없다.			(Column 3)		SMALL E	ENTITY	OR	SMALL	25 20 20 20 20 20 20 20 20 20 20 20 20 20
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	X Section 1	RATE	ADDI- TIONAL FEE		RATE:	ADDI- TIONAL FEE
	Total		Minus	**		2.7		X\$ 9=		OR	X\$18≈	
	Independent		Minus					X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)							Αſ	ODIT. FEE		OR	ADDIT. FEE	
1. 人		(Column 1)			mn 2) HEST	(Column 3)	l .					
<u>AMENDMENT B</u>		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		ŖĄTĖ	ADDI: TIONAL FEE
	Total	*	Minus	**			400 W	X\$ 9=		OŖ	X\$18=	
	Independent	* 1 1 1 1	Minus	***		=		X42=	i Tie it	OR	,X84=	100
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				T CLAIM	CLAIM []		+140=			+280=	
								TOTAL		OR.	etresias de	
								ODIT. FEE		IOH.	TOTAL ADDIT: FEE	
ia ii	(Column 1) (Column 2) (Column CLAIMS HIGHEST							200				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	NBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=	- <u> </u>	OR.	X\$18⊨,	
	Independent		Minus	***		<u>.</u>		X42=		第一位	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				T CLAIM]	7,2-		OR	704-	
				* ·				+140=		OR	+280≈	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
***	ਜ਼ਾ the "Highest Nu The "Highest Nur	ımber Previously P nber Previously Pa	aid For" IN TH iid For" (Total o	is space r Independ	ıs Iess tha dent) is the	in 3, enter "3." highest numbe	27	DDIT. FEE L d in the app	ropriate bo	k in co		3